

**DECLARATION AND POWER OF ATTORNEY--  
UTILITY PATENT APPLICATION**

Attorney's Docket No 2002- Karner.Frank

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Medical Alert Mat with Remote Pager**, the specification of which

XX is attached hereto.

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**Power of Attorney:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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SEND CORRESPONDENCE TO:

*see above*

DIRECT TELEPHONE CALLS TO:

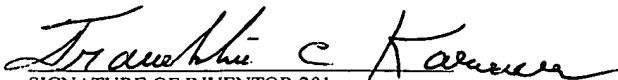
*(name and telephone number)*

*See above*

201	FULL NAME OF INVENTOR	FAMILY NAME NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE	CITY	STATE & ZIP CODE	COUNTRY
	12432 Elizabeth Cove	Midwest City	OK 73130	United States

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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SIGNATURE OF INVENTOR 201

11/19/03  
DATE